

City Council
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CITY OF LONG BEACH



City Manager
Jack Schnirman

Assistant Superintendent
Parks and Recreation
Paul Ferrante

PARKS AND RECREATION DEPARTMENT

CELEBRATE THE START OF A SAFE & HEALTHY SUMMER!

10th ANNUAL SEAN RYAN MEMORIAL RUN

1K CHILDREN'S FUN RUN – 8:00 a.m.

5K Race – 8:30 a.m.



Saturday, June 28, 2014



REGISTRATION: 1K Fun Run is \$5.00 for children 17 years of age and younger
5K Early Registration \$20.00 before Friday, June 27, 2014 at 12:00 p.m.
5K Late Registration \$25.00 day of race from 7:00 – 8:00 a.m.

REGISTER ONLINE WWW.ACTIVE.COM

SEND ENTRIES TO: 10th Annual Sean Ryan Memorial Run
Long Beach Recreation Department
700 Magnolia Boulevard
Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured 5-K (3.1 miles), flat and fast course.
Start & finish at Long Beach Recreation Center
Race timing by FINISH LINE Road Race Technicians
No baby strollers allowed on race course.

AWARDS: Awards to the first three male and female winners in each age category:
14 & Under, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, 50 – 54,
55 – 59, 60 – 64, 65 – 69, 70 – 74, 75 Plus; First Overall Male and Female finishers;
First Long Beach Male and Female finishers; First Physically Challenged Male and
Female finishers; Top three finishers from the Long Beach Police Department

T-SHIRTS: Will be given to all registrants at number pick up on DAY OF RACE beginning
at 7:00 a.m. in the Recreation Center Parking Lot, 700 Magnolia Blvd.

Visit
www.longbeachny.gov/rec
or lirunning.com or
www.flrrt.com
(516) 431-3890



Join us at
Join us for our next race:
Larry Elovich
5K Fun Run
August 2, 2014

2014 Sean Ryan Memorial Run (Registration - please print clearly)

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Parks and Recreation Department and the City of Long Beach their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ **M** ____ **F** ____ **1K** ____ **5K** ____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **TEL. #** _____

AGE on 6/28 _____ **D.O.B.** _____ **LBPD** _____ **WHEELCHAIR** ____

E-MAIL _____

SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ **AMOUNT PAID** _____ **DATE** _____ **STAFF** _____

